

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8/29/01
O.I.P.E. CLASSIFIER		23	9/5/01
FORMALITY REVIEW	BH	564	10/8/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/26/01
2	✓	✓	8/26/01
3	✓	✓	8/26/01
4	✓	✓	8/26/01
5	✓	✓	8/26/01
6	✓	✓	8/26/01
7	✓	✓	8/26/01
8	✓	✓	8/26/01
9	✓	✓	8/26/01
10	✓	✓	8/26/01
11	✓	✓	8/26/01
12	✓	✓	8/26/01
13	✓	✓	8/26/01
14	✓	✓	8/26/01
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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10/8/01  
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